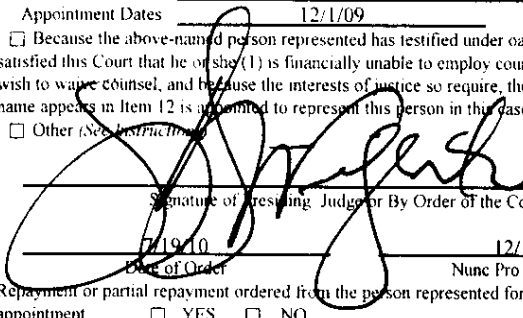


1 CIR/DIST. DIV. CODE		2 PERSON REPRESENTED Leonard M. Satsky		VOUCHER NUMBER	
3 MAG DKT DEF NUMBER		4 DIST DKT DEF NUMBER 08cr221-01		5 APPEALS DKT DEF NUMBER	
7 IN CASE MATTER OF (Case Name) USA v. Satsky		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10 REPRESENTATION TYPE (See Instructions) SR					
11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged according to severity of offense. 26:7201(1) Making and subscribing materially false or fraudulent federal tax returns					
12 ATTORNEY'S NAME (First Name, MI, Last Name, including any suffix) AND MAILING ADDRESS Joshua Cohen COHEN, LIFLAND Park 80 Plaza West One Saddle Brook, NJ 07663 Telephone Number 201-845-9600			13 COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name _____ Appointment Dates 12/1/09 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judge or By Order of the Court 7/19/10 Date of Order 12/1/09 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14.3 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						

19 CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE FROM: TO:		20 APPOINTMENT TERMINATION DATE: IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					

APPROVED FOR PAYMENT — COURT USE ONLY					
23 IN COURT COMP		24 OUT OF COURT COMP		25 TRAVEL EXPENSES	
26 OTHER EXPENSES		27. TOTAL AMT APPR CERT			
28 SIGNATURE OF THE PRESIDING JUDGE				DATE	
28a JUDGE CODE					
29 IN COURT COMP		30 OUT OF COURT COMP		31. TRAVEL EXPENSES	
32 OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
34a JUDGE CODE					